

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	INITIAL COMMENTS  A licensure survey was conducted on April 5, 2010, through April 6, 2010. A random sampling of three residents from a residential population of four males and one female was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing and direct care staff, as well as a review of the resident and administrative records, including a review of the unusual incident reports.	1 000	<p><i>Received 4/21/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
1 161	3507.2 POLICIES AND PROCEDURES  The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually.  The finding includes:  Interview with the House Manager and review of the policy and procedures manual on April 5, 2010, at approximately 10:30 a.m., failed to provide evidence that the policy manual had been reviewed and approved by the governing body as required since June 2008.	1 161	<p>1161- The policy and procedures manual was reviewed on 3-26-10. The date of review was omitted. This oversight has since been rectified. Carl's Place will ensure there is documented evidence of an annual review and approval of all policies and procedures by the governing body, as well as any interim updates as necessary.</p>	4-10-10
1 222	3510.3 STAFF TRAINING  There shall be continuous, ongoing in-service training programs scheduled for all personnel.  This Statute is not met as evidenced by:	1 222	<p>1222- Staff training is scheduled 4-26-10 with the Nutritionist, which will include an in-service on all residents' diets and recommended portions. Carl's Place will ensure all staff receive ongoing in-service training from the Nutritionist on any dietary changes, as well as ongoing supervision and support from the House Manager to ensure nutritional protocols are followed.</p>	4-26-10

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

0000

SOG011

If continuation sheet 1 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARLS PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 NEWCOMB ST, SE WASHINGTON, DC 20032</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1222	<p>Continued From page 1</p> <p>Based on observation, staff interview and record review, the GHMRP failed to ensure staff was effectively trained on each of the resident's individual diets for three of three residents included in the sample and one additional resident. [Residents #1, #2, #3 and #4]</p> <p>The findings include:</p> <p>1. The direct care staff was observed on April 5, 2010, beginning at approximately 4:14p.m. frying bacon to season the cabbage she was preparing for dinner. An interview was conducted with the direct care staff on April 5, 2010 to ascertain information regarding the resident's diets. According to the direct care staff, Residents #1 and #4s was prescribed special diets, but she was not certain about Resident #2. Continued interview with the direct staff revealed that she really was uncertain about specific diets for each of the residents. She indicated that a nutritionist had been to the group home, (did not have the date) and proceeded to show the surveyor a hand-out that was distributed at that time. Review of the hand-out revealed a diagram of "heart health benefits." The direct care staff revealed that the hand-out was specifically designated for Resident #1 due to his obesity.</p> <p>Interview with the facility's House Manager on April 5, 2010, at 5:00 p.m., revealed that the nutritionist trained the staff on infection control, diets for each resident, diabetes, portion control and encouraged the residents to drink plenty of water, instead of soda. Although the House Manager revealed that the training was available for review, at the time of the survey, there was no documented evidence that the nutritionist provided training for the GHMRP's staff.</p>	1222	1222 cont- Documented evidence of all in-service training will be available for review.	4-26-10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 222	Continued From page 2  2. Resident #2's medical record on April 6, 2010 at 11:16 a.m. revealed a physician's orders dated April 1, 2010. According to the orders, the resident had had been prescribed a 1800 calorie, low sodium, low fat, and low cholesterol diets.  Review of Resident #3's medical record on April 6, 2010 revealed a physician's order dated April 1, 2010, however, the physician's order did not include the resident's diet.  At the time of the survey, the facility failed to provide evidence of effective training on Residents #2 and #3's diets as prescribed and as required by this section.	I 222	1222 cont- Carl's Place will further ensure all physician's orders include the current recommended diet for all residents.	4-26-10
I 224	3510.5(a) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills;  This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure staff received training in the area of Overview of Mental Retardation.  The finding includes:  Interview with the facility's House Manager on April 6, 2010, at approximately 3:08 p.m. revealed documentation of training was kept in the group home. Review of the training records on April 6,	I 224	1224- All staff will be scheduled to complete the mandated training module Introduction to Developmental Disabilities by or before 4-30-10.	4-30-10

Health Regulation Administration  
STATE FORM

0000

SOG011

If continuation sheet 3 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 224	Continued From page 3  2010, beginning at 3:11 p.m., revealed that the GHMRP failed to provide documented evidence of training in overview of mental retardation for the direct care that was hired on May 12, 2009 and January 20, 2010.	I 224		
I 225	3510.5(b) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (b) Human development through the life cycle (birth to death);  This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure staff received training in the area of Human Development.  The finding includes:  Interview with the facility's House Manager on April 6, 2010, at approximately 3:08 p.m. revealed documentation of training was kept in the group home. Review of the training records on April 6, 2010, beginning at 3:11 p.m. revealed that the GHMRP failed to provide documented evidence of training in Human Development.  The GHMRP failed to ensure all staff received training in the area of Human Development as required by this section.	I 225	1225- All staff will be scheduled to complete mandated training module Human Growth and Development by or before 4-30-10.	4-30-10
I 227	3510.5(d) STAFF TRAINING  Each training program shall include, but not be limited to, the following:	I 227	1227- The Nutritionist will have First Aid and CPR certification on record if required. Statute in this regard is not indicated in Chapter 35 GHMRP.	5-30-10

Health Regulation Administration  
STATE FORM

0000

SOG011

If continuation sheet 4 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 227	Continued From page 4  (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;  This Statute is not met as evidenced by: Based on interview, the GHMRP failed to ensure that all staff received training and/or certification in cardiopulmonary resuscitation (CPR) and First Aid, for one (1) of three consultant staff.  The finding includes:  On April 6, 2010, at approximately 2:30 PM., a review of the training records was conducted. It was determined that there was no documentation on file to support that the Nutritionist had current (CPR) and/or First Aid certification. Interview conducted with the House Manager at 2:35 p.m. verified the nutritionist did not have on file current CPR/First Aid certification.	1 227	CONT of 1227	
1 228	3510.5(e) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (e) Resident ' s rights;  This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure staff received training in the area of Resident's Rights for two of the three residents (Residents #2 and #5) included in the sample.  The findings include:	1 228	1228- All staff will be scheduled for in-service training for mandated moduled Individual Rights, as well as document acknowledgement of receipt and review of Carl's Place's policy on Individuals Rights. This in-service will be completed by or before 4-30-10. Carl's Place will ensure all staff, including the LPN and direct care staff, will ensure the privacy of residents at all times.	4-30-10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1228	Continued From page 5  Observation of the administration of medication was conducted on April 5, 2010, beginning at approximately 6:23 p.m. The Licensed Practical Nurse (LPN), direct care staff and the House Manager was present during the administration of the resident's medications. Resident #2 was observed standing in the hall at the same time that Resident #5 was administered his medications.  It should be noted that none of the aforementioned employees ensured that Residents #2 and #5 were provided with privacy.  Interview with the facility's House Manager on April 6, 2010, at approximately 3:08 p.m. revealed documentation of training was kept in the group home. Review of the training records on April 6, 2010 beginning at 3:11 p.m. revealed that the GHMRP failed to provide documented evidence of training in Resident's Rights.  The GHMRP failed to ensure all staff received training in the area of Resident's Rights as required by this section.	1228	CONT 1228		
1229	3510.5(f) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure staff received training	1229	1229- All staff will be scheduled to receive specialized in-service training on Behavior Management, Nutrition, Human Sexuality, Recreation, Communication, and Assistive Technologies, in addition to individualized training specific to each resident's support needs by or before 4-30-10.	4-30-10	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 229	<p>Continued From page 6</p> <p>in the area of Behavior Management, Sexuality, and Nutrition for four of the five residents residing in the facility. (Residents #1, #2, #3, #4 and #5)</p> <p>The findings include:</p> <p>1. Observation of the administration of medication on April 5, 2010 beginning at 8:23 p.m., revealed Resident #1 received Seroquel 300 mg, Divalproex Sodium, and Hydroxyzine 25 mg. Resident #2 was observed receiving Zyprexa 15 mg. Resident #4 was observed receiving Seroquel 100 mg and Resident #5 was observed receiving Seroquel XR 200 mg.</p> <p>Interview with the facility's House Manager on April 5, 2010 at approximately 8:20 a.m. revealed that the aforementioned residents had Behavior Support Plans (BSP) and that the documentation of training was kept in the group home. Review of the training records on April 6, 2010 beginning at 3:11 p.m. revealed that the GHMRP failed to provide documented evidence of training in the area Behavior Management.</p> <p>2. On April 5, 2010, at approximately 7:54 a.m. Resident #3 shared with the surveyor that she was engaged to someone outside of the facility.</p> <p>Review of the training records on April 6, 2010 beginning at 3:11 p.m. revealed that the GHMRP failed to provide documented evidence of training in the area of Human Sexuality.</p> <p>The GHMRP failed to ensure all staff received training in the area of Human Sexuality as required by this section.</p> <p>3. Review of the training records on April 6, 2010 beginning at 3:11 p.m. revealed that the GHMRP</p>	I 229	1229 cont- Training on resident's BSP will be documented respectively.	4-30-10	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 229	Continued From page 7  failed to provide documented evidence of training in the area of Nutrition.  The GHMRP failed to ensure all staff received training in the area of Nutrition as required by this section.	1 229	1229 cont- In-service on residents' diets will be completed on 4-26-10 as stated in Correc- tion 1222.	4-26-10	
1 240	3511.1(a) DIRECT CARE STAFF RATIOS  The minimum daily ratio of on-duty, direct care staff to residents in each GHMRP that serves severely physically handicapped residents, residents who are aggressive, assaultive or security risks, residents who manifest severely hyperactive or psychotic-like behavior, and other residents who require considerable adult guidance and supervision shall be not less than the following:  (a) 1:4 during the waking hours of the day, approximately 6:00 a.m. to 10:00 p.m., when residents remain in the GHMRP during the day; and...  This Statute is not met as evidenced by: Based on observations, interviews, and record review, the GHMRP failed to have direct care staff on duty to meet the needs of all five residents residing in the facility. (Residents #1, #2, #3, #4 and #5)  The findings include:  The GHMRP failed to provide adequate staffing with five residents from the hours of approximately 7:30 p.m. until 10:00 p.m.  1. Interview with the direct care staff on April 5, 2010, at approximately 6:05 p.m., revealed that Resident #1 usually arrives home between 7:30	1 240	1240- Resident # 5 arrives home at ap- proximately 9pm when other residents are asleep. During survey Residents #1, #2, #3, and #4 were awake due to a visitor in the house. One resident goes home for the weekend and Resident #5 goes to work. Although diagnoses and medication regime for residents may insinuate a history of physically aggressive behavior, there have been no incidents noted in the past 3 years which will justify the need for additional staffing or increased supervision.		

Health Regulation Administration  
STATE FORM

0000

SOG011

If continuation sheet 6 of 21



Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 240	<p>Continued From page 8</p> <p>p.m. and 8:00 p.m. When Resident #1 arrives home the staff ratio becomes 1:5. Continued interview revealed that the direct care staff scheduled work hours were from 4:00 p.m. until 12:00 midnight. According to the direct care staff, she is the only staff on duty during those hours. Interview with the House Manager on April 6, 2010, revealed the she works from 8:00 a.m. until 4:00 p.m.</p> <p>On the day of the survey, Resident #1 was observed to arrive home earlier than usual (approximately 6:15 p.m.). Resident #1 informed the surveyor that he was picked up earlier because the surveyor was in the facility.</p> <p>Observation of the administration of medication on April 5, 2010, at 6:23 p.m., revealed Resident #1 received Seroquel 300 mg. On April 5, 2010 at 9:42 a.m., review of Resident #1's medical book revealed a physician's order (Pos) dated April 2010. According to the Pos, Resident #1 had a diagnosis of intermittent explosive disorder (IED) and was prescribed Prozac 20 mg, for (mood disturbance, Atarax 25 mg for (anxiety), and Depakote 500 mg for aggressiveness.</p> <p>2. Observation of the administration of medication on April 5, 2010, at 6:21 p.m. revealed Resident #2 received Zyprexa 15 mg. Interview with the House Manager during the entrance conference on April 5, 2010 at 8:20 a.m. revealed that the resident's psychotropic medication was used in conjunction with a Behavior Support Plan (BSP) dated May 21, 2009. According to the BSP the resident's diagnosis included psychosis (NOS) with obsessive-compulsive features and depression.</p> <p>3. During the administration of medication on</p>	I 240	CONT... from 1240		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 240	Continued From page 9  April 5, 2010, Resident #3 was not observed to receive any psychotropic medication, however, review of the Medication Administration Record (MAR) on April 6, 2010, beginning at approximately 10:00 a.m., revealed that she was prescribed Neurontin 400 mg every morning for behavior. Review of the resident's habilitation record on April 6, 2010, at 6:39 p.m. revealed a BSP dated May 22, 2009. According to the BSP, the resident's targeted behaviors included non-compliance and anxiety.  4. Observation of the administration of medication on April 5, 2010, at 6:44 p.m. revealed Resident #4 received Seroquel 100 mg. bid. Review of the MAR on April 6, 2010 beginning at approximately 10:00 a.m. revealed a physician's order dated April 1, 2010. According to the order, Resident #4 had a diagnosis of Schizophrenia and a history of behavior concerns.  5. Observation of the administration of medication on April 5, 2010, at 6:44 p.m. revealed Resident #5 received Seroquel XR 200 mg at bedtime for psychosis. Review of the MAR on April 6, 2010, beginning at approximately 10:00 a.m. revealed a physician's order dated April 1, 2010. According to the order, Resident #5 had a history of aggressive behavior.  At the time of the survey, there was no evidence the GHMRP had adequate staff to effectively supervise and address each resident's behavioral needs.	I 240	1240 cont- All residents' BSPs will include a comprehensive psychological evaluation, and a psychotropic medication titration plan in accordance with the frequency of documented targeted behaviors occurrences.	5-31-10
I 330	3517.8 ADMISSION POLICIES PROCEDURES  Each GHMRP shall secure a physician's written report of the health inventory, which shall provide	I 330	1330- Carl's Place will ensure the comprehensive health inventory completed on admission reflect a detailed listing of medical and psychiatric diagnoses.	

Health Regulation Administration  
STATE FORM

0000

SOG011

If continuation sheet 10 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 330	Continued From page 10  sufficient information concerning the resident's health including treatment, special diet, or medication orders to enable the GHMRP to provide appropriate services.  This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to secure a physician's written report of a health inventory that provided insufficient information concerning one of the three residents (Resident #2) health needs included in the sample.  The finding includes:  Observation of the administration of medication on April 5, 2010 at 8:21 p.m., revealed Resident #2 received Zyprexa 15 mg.  Record review on April 6, 2010, at 11:29 a.m. revealed a medical assessment conducted by Resident #2's Primary Care Physician (PCP) dated July 20, 2009. Review of the assessment revealed a section entitled "Known Medical & Psychiatric Diagnosis. Further review of this section revealed the PCP failed to reflect any medical /psychiatric diagnosis for Resident #2.  At the time of the survey, the GHMRP failed to ensure that Resident #2's PCP provided sufficient information concerning the resident's health.	I 330	1330 cont- Carl's Place will request an updated health inventory from Resident #2's PCP which lists all medical and psychiatric diagnoses.	4-30-10
I 371	3519.2 EMERGENCIES  Each GHMRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section.  This Statute is not met as evidenced by:	I 371	1371- Carl's Place will ensure there is documented evidence of the policy and procedures relating to the emergency medication protocol.	4-30-10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1371	<p>Continued From page 11</p> <p>Based on observation, staff interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure the Licensed Practical Nurse (LPN) received training in the area of GHMRP's Policies and Procedures.</p> <p>The finding includes:</p> <p>Observation of the administration of medication on April 5, 2010, beginning at approximately 6:23 p.m., revealed Resident #2 was to receive Lactulose 30 ml. Interview with the LPN on the aforementioned date at 6:48 p.m., revealed that the medication had not been available since yesterday (April 4, 2010). The LPN was questioned regarding the GHMRP's policy regarding ordering medication and ensuring that the medication was available for each of the residents. According to the LPN, he usually calls the pharmacy to order medication when the medication is about to run out.</p> <p>Review of the GHMRP's medication policy on April 6, 2010, beginning at 3:11 p.m. revealed the following:</p> <p>"In the event that an individual's medication should become depleted prior to the refill date, the nursing staff should contact the designated Charge Nurse/Nurse Practitioner and report the individual's name and medication that has depleted. The Charge Nurse/Nurse Practitioner should then contact the appropriate pharmacy to request the medication."</p> <p>Interview with the facility's House Manager on April 6, 2010 at approximately 3:08 p.m., revealed documentation of training was kept in the group home. Review of the training records on April 6, 2010 beginning at 3:11 p.m. revealed that the</p>	1371	1371 cont- Carl's Place will ensure all staff are trained on the emergency medication policy, which specifies if the medication should present an adverse effect on the resident, the PCP is called. Otherwise, as with PRN medications, the nurse will call the pharmacy.	4-30-10	

Health Regulation Administration  
STATE FORM

8000

SOG011

If continuation sheet 12 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1371	Continued From page 12  GHMRP failed to provide documented evidence of training in GHMRP's Policies and Procedures for the LPN.  The GHMRP failed to ensure all staff received training in the area of GHMRP's Policies and Procedures as required by this section.	1371	Cont from 1371	
1412	3520.13 PROFESSION SERVICES: GENERAL PROVISIONS  If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14) days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately.  This Statute is not met as evidenced by: Based on observation, interview and record review, the (GHMRP) failed to ensure the provision of nutritional and behavior management services or one of the three residents (Resident #2) included in the sample.  The findings include:  1. Interview with the House Manager on April 5, 2010, at approximately 8:20 a.m. revealed that Resident #2 received Medicaid waiver services. Review of the resident's Medicaid waiver authorization on the aforementioned date revealed he was approved to receive an initial nutritional assessment with a start date of February 23, 2009 and the end date was February 22, 2010.  Review of the resident's medical record on April 6, 2010 at 11:55 a.m., revealed the GHMRP	1412	1412- Total Care Inc. is contracted to complete BSPs for all residents. BSPs were requested March 2010 and 4-6-10, as Carl's Place did not receive the completed BSP for Resident #1 in a timely manner. A subsequent request in writing will be made on 4-24-10.	4-24-10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1412	Continued From page 13  failed to ensure Resident #2 was provided with an initial nutritional assessment as recommended.  2. Observation of the administration of medication on April 5, 2010, at approximately 6:31 p.m., revealed Resident #1 received Seroquel 300 mg, Divalproex Sodium 500 mg for aggressiveness, and Hydroxyzine 25 mg for anxiety.  Review of Resident #1's medical record on April 5, 2010 revealed a Diagnostic Assessment (dated March 9, 2009 and May 15, 2009). Further review of the assessment revealed the psychologist recommended a Behavior Support Plan (BSP). According to the psychologist, the resident could benefit from behavior support services to assist him in maintaining his emotional stability, and reducing incidents of anxiety, frustration and poor decision making. Continued review of the assessment revealed a BSP would be developed and implemented  At the time of the survey, the GHMRP failed to incorporate the prescribed psychotropic medication with a BSP for Resident #1.	1412	Cont from 1412	
1473	3522.4 MEDICATIONS  The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.  This Statute is not met as evidenced by: Based on observation, interview and record verification, the Group Home for the Mentally Retarded Person (GHMRP) failed to report any irregularities to the Primary Care Physician for two of the three residents (Residents #2 and #3) included in the sample.	1473	1473- Carl's Place will ensure all staff are trained on the emergency medication policy and procedure, and will call the PCP in the event medication is depleted prior to scheduled refill.	4-30-10

Health Regulation Administration  
STATE FORM

4000

50G011

If continuation sheet 14 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1473	<p>Continued From page 14</p> <p>The findings include:</p> <p>1. Observation of the administration of medication on April 5, 2010, beginning at approximately 6:23 p.m., revealed Resident #2 was to receive Lactulose 30 ml. Interview with the LPN on the aforementioned date at 6:48 p.m., revealed that the medication had not been available since yesterday (April 4, 2010). The LPN was questioned regarding whose responsibility it was to order and ensure that the medication was available for each of the residents. According to the LPN, he usually calls the pharmacy to order medication when the medication is about to run out.</p> <p>Review of Resident #2's medical record on April 6, 2009, beginning at approximately 10:15 a.m., revealed a Physician's Order (PO) dated April 2010. Review of the PO revealed the resident was prescribed Lactulose 30 ml once daily. At the time of the administration of medication, Resident #2 was not observed to receive the prescribed Lactulose. On April 6, 2010 at 6:50 p.m., the LPN was overheard asking staff if the pharmacy had delivered any medications. According to the direct care staff, no one had delivered any medications, and the Lactulose prescribed for Resident #2 was not available for a second day. At the time of the survey, the GHMRP failed to ensure the Primary Care Physician (PCP) was notified of Resident #2's missed medication.</p> <p>2. Observation of the evening medication administration on April 5, 2010, at approximately 6:40 p.m., revealed Resident #3 received Ferrous Sulfate 325 mg. Interview with the Licensed</p>	1473	Cont from 1473	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 473	Continued From page 15  Practical Nurse (LPN) revealed that the resident was also suppose to receive Ibuprofen 600 mg for the pain that she experiences in her foot, however the medication was not available. Further interview with the LPN revealed that he contacted the pharmacy on April 4, 2010 and expected a delivery on April 5, 2010.  Review of Resident #3's medical record on April 6, 2010, beginning at approximately 5:55 p.m. revealed a Physician's Order (PO) dated April 2010. Review of the PO revealed Resident #3 was prescribed Ibuprofen, take one tablet twice a day.  At the time of the survey, the GHMRP failed to ensure the Primary Care Physician (PCP) was notified of the change in Resident #3's medication regimen.	1 473	<i>Cont from 1473</i>		
1 474	3622.5 MEDICATIONS  Each GHMRP shall maintain an individual medication administration record for each resident.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that nursing staff maintained Medication Administration Records (MAR) for one of the three residents (Resident #2) included the sample.  The finding includes:  Observation of the administration of medication on April 5, 2010 at 6:21 p.m., revealed Resident #2 received Zyprexa 15 mg. Review of the GHMRP's MAR revealed they had maintained MARs for the months of January 2010 through	1 474	1474- MARs are filed in residents' medical books in the Nursing Section when new MARs arrive. Carl's Place will ensure MARs are filed accordingly.	4-26-10	



Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1474	Continued From page 16 April 2010.  Review of Resident #2's medical record on April 6, 2010 beginning at 11:16 a.m. revealed MARs for the months of September 2009 through December 2009. Continued review of the medical record revealed that there was no documented evidence of MARs for the months of March 2009 through August 2009.  Interview with the Registered Nurse (RN) on April 5, 2010, revealed that she was a new employee and did not have knowledge of the whereabouts of the missing records.  At the time of the survey, the GHMRP failed to maintain MARs for the months of March 2009 through August 2009 for Resident #2.	1474	1474 cont- The new RN will be trained on the filing process of medical documents and MARs.	4-26-10	
500	3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on observations, interviews and record review, the GHMRP failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District and federal laws that govern the care and rights of persons with mental retardation, for two of three residents in the sample. (Residents #1 and #2)  The findings include:	500	1500- Psychotropic medication and BSP informed consent forms will be updated to include a list of prescribed psychotropic medication, dosage, and time, as well as possible side effects, as well as any restrictions imposed by the BSP. Signatures for updated psychotropic medication and BSP consent forms will be obtained from Resident #1, and the guardian of Resident #2. Review and approval of psychotropic medication use and the BSP will be documented annually by the HRC.	5-31-10	

Health Regulation Administration  
STATE FORM

8000

80G011

If continuation sheet 17 of 21

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 500	<p>Continued From page 17</p> <p>The GHMRP failed to protect residents' rights by not informing the residents' medical guardians the use of psychotropic medications and incorporating them in a behavior support plan [Title 7, Chapter 13, § 7-1305.05(h), formerly § 6-1965(h)], as follows:</p> <p>1. The GHMRP failed to ensure that informed consent was obtained from Resident #1 prior to the administration of his psychotropic medications.</p> <p>During the entrance conference on April 5, 2010, at beginning approximately 8:20 a.m., the House Manager indicated that Resident #1 received psychotropic medications to address his maladaptive behaviors. Further interview revealed the resident had the capacity to give informed consent for the use of medications and habilitation services.</p> <p>The statements were verified on April 5, 2010, at 6:55 p.m., through review of Resident #1's psychological assessment dated May 23, 2008. According to the assessment, Resident #1 "is able to make informed decisions relative to medical care and with proper explanation he could execute a durable power of attorney."</p> <p>Observation of the administration of medication on April 5, 2010, at approximately 6:31 p.m., revealed Resident #1 received Seroquel 300 mg, Divalproex Sodium 500 mg for aggressiveness, and Hydroxyzine 25 mg for anxiety. Review of the resident's medical record on the aforementioned date revealed that the resident signed a form entitled "Informed Consent for Psychotropic Medication for [client's name]" dated July 17, 2009. Review of the form included</p>	I 500	Cont from I500	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1500	<p>Continued From page 18</p> <p>"yes" or "no" to give consent. There was no documented evidence of what psychotropic medications the resident was consenting to.</p> <p>At the time of the survey, the GHMRP failed to provide evidence that informed consent was obtained from the resident prior to the administration of the psychotropic medication.</p> <p>2. Further review of Resident #1's consents revealed another "Informed Consent for a Behavior Support Plan for [client's name]" dated July 20, 2009. On April 5, 2010 at approximately 10:54 a.m., review of the resident's record failed to provide evidence of a Behavior Support Plan (BSP). Interview with the House Manager on the aforementioned date at 4:39 p.m. was conducted to ascertain information regarding if the resident had a BSP. According to the House Manager, a BSP had been completed for Resident #1 in March 2010. Continued interview with House Manager revealed that preauthorization was needed before the provider could have access to this plan. The House Manager informed the surveyor that she had contacted the resident's case manager via telephone and was planning to fax a copy of the resident's BSP. Although Resident #1 had signed a consent for his BSP, it should be noted that at the time of the survey, there was no documented evidence of a BSP.</p> <p>The GHMRP failed to ensure prior to the use of restrictive techniques (psychotropic medication) that Resident #1's rights showed evidence of programs that incorporated the use of less intrusive techniques had been tried systematically and demonstrated to be effective.</p> <p>3. The GHMRP failed to ensure that informed consent was obtained from Resident #2's</p>	1500	Cont from 1500		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 500	<p>Continued From page 19</p> <p>guardian prior to the administration of his psychotropic medications and BSP.</p> <p>During the entrance conference on April 5, 2010, beginning at approximately 8:20 a.m., the House Manager indicated that Resident #2 received psychotropic medications to address his maladaptive behaviors. Further interview revealed the resident did not have the capacity to give informed consent for the use of medications and habilitation services. According to the House Manager, the resident had a court appointed guardian who was involved in his habilitation planning and decision making process.</p> <p>The statements were verified on April 5, 2010, at 8:55 p.m., through review of Resident #2's psychological assessment dated January 25, 2008. According to the assessment, Resident #2 "does not evidence the capacity to make independent decisions or provide informed consent to any ongoing medical treatment or to execute a durable power of attorney.</p> <p>Observation of the administration of medication on April 5, 2010, at approximately 8:31 p.m., revealed Resident #2 received Zyprexa 15 mg. Review of the resident's medical record on the aforementioned date revealed that the resident signed a form entitled "Informed Consent for Psychotropic Medication for [client's name]" on July 18, 2009. Additionally, the GHMRP failed to ensure that informed consent was obtained from Resident #2's guardian prior to the implementation of his Behavior Support Plan (BSP).</p> <p>At the time of the survey, the GHMRP failed to provide evidence that informed consent was obtained from the resident's guardian prior to the</p>	I 500	cont from 1500		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2010
NAME OF PROVIDER OR SUPPLIER  CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 500	Continued From page 20  administration of the psychotropic medication and his BSP.  This is a repeat deficiency which was documented in the Statement of Deficiencies dated February 18, 2009.	1 500	Cont from 1300		